|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      |               | Application or Docket Number |                       |        |                |                        |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|--------------|------------------|------|---------------|------------------------------|-----------------------|--------|----------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      |               | 10708988                     |                       |        |                |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      | SMALL<br>TYPE |                              | MILA<br>ED            | OR     | OTHER          |                        |
| TOTAL CL                                                                              | AIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 <sup>tt</sup>                       |                       |              |                  | .    | RATE FE       |                              | FEE                   | 1      | RATE           | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NUMBER FILED .                        |                       | NUMBER EXTRA |                  |      | BASIC F       | EE                           | 385.00                | OR     | BASIC FEE      | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14 minus 20=                          |                       | . 0          |                  |      | X\$ 9=        |                              |                       | OR     | X\$18=         |                        |
| INDEPENDENT CLAIMS                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ? minus 3 =                           |                       | 0            |                  |      | X43=          |                              |                       |        | X86=           |                        |
| MULTIPLE                                                                              | DEPENDENT CLAIM F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RESENT                                |                       |              |                  |      |               |                              |                       | ОЯ     |                |                        |
| * If the diffe                                                                        | rence in column 1 is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | less than zero, enter "0" in column 2 |                       |              |                  |      | +145=         |                              | OR                    | +290=  |                |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  | TOTA | L             | 388                          | OR                    | TOTAL  |                |                        |
| CLAIMS AS AMENDED - PART II  [21 66 (Column 1) (Column 2) (Column 3)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      | SMAL          | LE                           | NTITY                 | OR     | OTHER<br>SMALL |                        |
|                                                                                       | CLAIMS<br>REMAINING<br>AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | HIGH<br>NUM<br>PREVIO | EST<br>BER   | PRESENT<br>EXTRA |      | RATE          |                              | ADDI-<br>TIONAL       |        | RATE           | ADDI-<br>TIONAL        |
| Total Total                                                                           | • / U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Minus                                 | PAID                  | O            | - 0              |      | X\$ 9=        | +                            | FEE                   | OR     | X\$18=         | _FEE_                  |
| Indepen                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus                                 | ***                   | 3            | - /)             | ı    | X43=          | 1                            | $\forall$             | OR     | X86='          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      | +145=         | 1                            | $\nearrow$            |        | .+290=         |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      | TOT/          |                              |                       | OR     | TOTAL          |                        |
| (Column 1) (Column 2) (Column 3),                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      |               | ĔĹ                           |                       | OR     | ADDIT. FEE     |                        |
| m // /                                                                                | CLAIMS<br>REMAINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>                              | HIGH                  | EST          |                  | Г    |               | 1                            | ADDI/                 |        |                | ADDI-                  |
| E /3/07                                                                               | AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | PREVIO                | NUSLY        | PRESENT<br>EXTRA | П    | RATE          |                              | TIONAL<br>FEE         |        | RATE           | TIONAL                 |
| WENDWENT Total Independent                                                            | • <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Migras /                              | 1+1                   | /_           | - /              | l    | X\$ 9=        | 1                            | /                     | OR     | X\$18=         | FEE                    |
| Independ                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mirtus /                              | ruc                   |              | •/               | lt   | X43=          | 1                            |                       | OR     | X86=           |                        |
| FIRSTP                                                                                | RESENTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ULTIPLE DE                            | PENDENT               | CLAIM        | /                | 1    | +145=         | +                            |                       |        | +290=          |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  | L    | TOTA          | +                            |                       | OR     | TOTAL          |                        |
|                                                                                       | <b>10</b> -1 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                       |              |                  | A    | DOIT. FE      |                              |                       | OR     | ADDIT. FEE     |                        |
|                                                                                       | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                              | (Colum                | ST.          | (Column 3)       |      |               | -                            |                       |        |                |                        |
| Total Independ                                                                        | REMAINING<br>AFTER<br>- AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | PREVIO<br>PAID F      | USLY         | PRESENT<br>EXTRA |      | RATE          |                              | ADDI-<br>TONAL<br>FEE |        | RATE           | ADDI-<br>TIONAL<br>FEE |
| P Total                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus                                 | <b>.</b>              | •            | •                | ſ    | X\$ 9=        | T                            |                       | OR     | X\$18=         |                        |
| Independ                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus                                 |                       |              | •                | t    | X43=          | 十                            |                       |        | X86=           |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      |               |                              |                       |        |                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O' in column 3. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                       |              |                  |      |               |                              |                       | +290=  |                |                        |
| ** If the "Highs                                                                      | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADOIT, FEEOR ADOIT, FROM ADOIT, |                                       |                       |              |                  |      |               |                              |                       |        |                |                        |
| . The Higher                                                                          | t Number Previously Pai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d For (Total o                        | r Independe           | nt) is the   | highest number   | foun | d in the a    | ppro                         | priate box            | in cal | <i>a</i> n 1.  | 1                      |